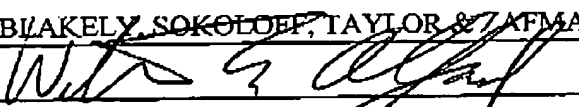





<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		10/648,956	
		August 27, 2003	
First Named Inventor		Rajiv Ramaswami	
Art Unit		2874	
Examiner Name		Brian Healy	
Total Number of Pages in This Submission	31	Attorney Docket Number	3239P081D2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William E. Alford, Reg. No. 37,764 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	March 25, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	March 25, 2005
Signature		Date	March 25, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 08/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision</small>		Complete if Known	
		Application Number	10/648,956
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	August 27, 2003
		First Named Inventor	Rajiv Ramaswami
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 180.00		Examiner Name	Brian Healy
		Art Unit	2874
		Attorney Docket No.	3239P081D2

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION**
**1. EXTRA CLAIM FEES**

Total Claims	16	- 20*	=	0	x	50.00	=	\$0.00
Independent Claims	3	- 3*	=	0	x	200.00	=	\$0.00
Multiple Dependent								

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	100	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$)
				0.00

\*or number previously paid, if greater. For Reissues, see below

**2. ADDITIONAL FEES**

2. ADDITIONAL FEES					Fee Paid
Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1051	130	2051	85	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to Institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Sheet	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		IDS submission fee			180.00
SUBTOTAL (2)					
					(\$)
					180.00

**SUBMITTED BY**

Name (Print/Type)	William E. Atford	Registration No. (Attorney/Agent)	37,764	Telephone	(714) 557-3800
Signature				Date	03/25/05

 Based on PTO/SR-17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman July 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision</small>		Complete If Known	
		Application Number	10/648,956
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	August 27, 2003
		First Named Inventor	Rajiv Ramaswami
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 180.00		Examiner Name	Brian Healy
		Art Unit	2874
		Attorney Docket No.	3239P081D2

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION**

**1. EXTRA CLAIM FEES**

Total Claims	16	- 20*	= 0	x	50.00	=	\$0.00
Independent Claims	3	- 3*	= 0	x	200.00	=	\$0.00
Multiple Dependent							

Large Entity Fee Code (\$) Small Entity Fee Code (\$) Fee Description  
 1202 50 2202 25 Claims in excess of 20  
 1201 200 2201 100 Independent claims in excess of 3  
 1203 300 2203 180 Multiple Dependent claim, if not paid  
 1204 300 2204 150 \*Reissue independent claims over original patent  
 1205 300 2205 150 \*Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

**2. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,500	2254 795	Extension for reply within fourth month	
1255 2,100	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1450 130	2450 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(i)	
1806 180	1806 180	Submission of Information Disclosure Sheet	
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.128(b))	
Other fee (specify)	IDS submission fee		
SUBTOTAL (2)			180.00

(S) 180.00

<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	William E. Alford	Registration No. (Attorney/Agent)	37,764
Signature		Telephone	(714) 557-3800
		Date	03/25/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (pt) 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 10/648,956  
Dated 03/25/2005  
Reply to Office Action of 12/28/2004

**RECEIVED**  
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**MAR 25 2005**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	10/648,956	Confirmation No. 4693
Applicant	:	Rajiv Ramaswami, et al.	
Filed	:	08/27/2003	
Title	:	METHOD AND APPARATUS FOR REGENERATING OPTICAL SIGNALS IN AN ALL-OPTICAL CROSS- CONNECT SWITCH	
TC/A.U.	:	2883	
Examiner	:	Brian Healy	
Docket No.	:	003239.P081D2	
Customer No.	:	8791	
TC/A.U.	:	2874	
Examiner	:	Brian Healy	

**RESPONSE TO THE OFFICE ACTION**

Commissioner for Patents  
Post Office Box 1450  
Alexandria, VA 22313

Dear Sir:

In response to the Office Action mailed on 12/28/2004,  
please enter the following remarks in the above-identified  
patent application.

SPECIFICATION amendments begin on page 2.

REMARKS begin on page 3.

CONCLUSION and signature is on page 7.

Appendix I is attached hereto after the Conclusion.

Appendix II is attached hereto after Appendix I.

Appendix III is attached hereto after Appendix II.

3239P081D2

-1-